

<p align="center"><b>C/CAG BICYCLE AND PEDESTRIAN ADVISORY COMMITTEE TDA ARTICLE 3 APPLICATION FOR FISCAL YEAR 2005-06</b></p>
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Agency: \_\_\_\_\_ Funds Requested: \$\_\_\_\_\_

Project Description:

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**PROJECT SCREENING**

a. CALTRANS Standards

Explain how the project meets CALTRANS Standards.

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b. CEQA approval?

Yes                      No  
Date of approval \_\_\_\_\_

Note: CEQA document must be submitted with the application.

**STATE OF READINESS**

a. Make sure that the project proposal is complete and contains all required documentation. The more complete the application will result in a higher project score.

b. Right-of-Way certification required?	Yes	No	N/A
If required, Right-of-way Cert. completed?	Yes	No	

Comments: \_\_\_\_\_

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c. Permits/Agreements approved?                      Yes                      No                      N/A

List all permits and/or agreements approved/obtained to date:

Document	Date approved/obtained
<hr/>	<hr/>
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Comments: 

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d. Comment on the status of design of the project, and indicate the percentage of design completed.

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### COMMUNITY SUPPORT

a. Listed as “priority project” in the C/CAG Comprehensive Bicycle Route Plan or a recognized pedestrian plan.

Yes                      No

Plan 

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 Page 

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b. Local approval by bicycle/pedestrian (BPAC) organization?    Yes    No

Comment on level of support. Attach approval documentation and show composition of relevant committee.

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c. Funds requested: \$ \_\_\_\_\_

Local match to be provided: \$ \_\_\_\_\_

Local match percentage =  $\frac{\text{Local match provided}}{\text{Funds requested}}$

= \_\_\_\_\_ = \_\_\_\_\_ %

#### MEETS PROGRAM OBJECTIVES

a. Does the project eliminate or mitigate the effects from an identified problem?                      Yes                      No

Explain: \_\_\_\_\_

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b.1.Bicycles:                      Does the project provide access to bicycle or  
b.2.Pedestrians:                      pedestrian facilities in high use activity centers?

Yes                      No

Explain: \_\_\_\_\_

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c. Is commute use improved by the project?                      Yes                      No

Explain: \_\_\_\_\_

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- d. What is the relationship of the project to more significant bicycle or pedestrian routes?

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- e. The project is consistent with or included in the following:

1. County or City facilities plan -	Yes	No
2. Circulation element of general plan -	Yes	No
3. C/CAG Comprehensive Bicycle Route Plan -	Yes	No
4. Pedestrian Plan equal to e.3. above -	Yes	No

Plan \_\_\_\_\_ Page \_\_\_\_\_

- f. Comment on the level of local support: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: A resolution of support from the relevant jurisdiction is to be submitted with the application.

### SAFETY

How is safety improved because of the project?

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PROJECT CONTACT INFORMATION

Primary Contact Person \_\_\_\_\_

Telephone Number \_\_\_\_\_  
email address \_\_\_\_\_

Secondary Contact Person \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
email address \_\_\_\_\_